



City of Gaithersburg, Department of Parks, Recreation & Culture  
301-258-6350 [www.gaithersburgmd.gov/recreation/sports](http://www.gaithersburgmd.gov/recreation/sports)

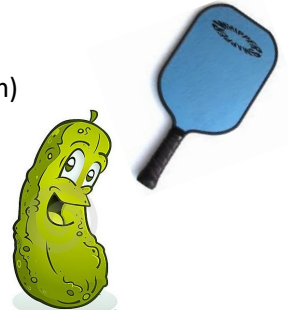
# Adult Pickleball League

## Thursdays at the Activity Center

### September 19 - November 7, 2019

**Cost (per player): \$30 for City Residents / \$40 for Non-residents**

- Doubles Team Registration only. Can be Mens, Womens or Coed teams. All teams play together.
- Two Divisions (self-rated): Intermediate or Advanced  
(If teams are in the inappropriate division, League Coordinator reserves the right to move them)
- Each game to 15 pts or 15 minute time limit, whichever comes first.
- Games are played between 6:00pm—8:00pm
- Players must be 18 years or older.
- Maximum number of teams accepted in the league is 16.
- **Returning teams from the Fall 2018 season have priority to register until Friday, August 23.**  
New teams may register starting August 6, but will not be placed until after August 27.
- Registration deadline is **Monday, September 9, 2019** Contact: Dave Ludington at 301-258-6350



REGISTRATION: Fall Adult Pickleball League

Activity # 7705

Team Name: \_\_\_\_\_

Player # 1 Name: \_\_\_\_\_

DOB \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

☐ City Resident \$30 ☐ Non-resident \$40

Division (choose one): Intermediate Or Advanced

Player # 2 Name: \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

☐ City Resident \$30 ☐ Non-resident \$40

I understand that I am responsible for my insurance in case of injury. Furthermore I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me or for any injury sustained in the program. I also consent to the City's use of any photographs taken or video made of the program. Additional waiver must be signed on the day of the program.

Player # 1 (Print name) \_\_\_\_\_ Signature \_\_\_\_\_

Player # 2 (Print name) \_\_\_\_\_ Signature \_\_\_\_\_

#### PAYMENT:

Amount Paid \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Visa/MC/Disc/Amex# \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Signature (name on card) \_\_\_\_\_

#### OFFICE USE ONLY: # 7705

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W M F Resident: Yes No

Pr: \_\_\_\_\_